

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	1/20/01
FORMALITY REVIEW	A.S.	993	2-28-01
RESPONSE FORMALITY REVIEW	M.M.	780	5-29-01

INDEX OF CLAIMS

< ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	2/10/01
2	2/15/01
3	2/15/01
4	2/15/01
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49	2/15/01
50	2/15/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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